WEST COAST
ATHLETIC CLUBS

PLEASE NOTE: ALL APPLICANTS CONSIDERED FOR HIRING MUST SUBMIT TO AND PASS A BACKGROUND CHECK PRIOR TO FINAL ACCEPTANCE.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

EMAIL ADDRESS _____ DATE _____

NAME (LAST, FIRST, MIDDLE) _____

PRESENT ADDRESS _____

PHONE NUMBER _____ REFERRED BY _____

EMPLOYMENT DESIRED:

POSITION_____ SALARY DESIRED _____ DATE YOU CAN START _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ IF YES, WHEN?_____

EDUCATION:

	HIGH SCHOOL	COLLEGE/UNIVERSITY	BUSINESS/TRADE SCHOOL
Name & Location of School	_____	_____	_____
Years Completed	_____	_____	_____
Course of Study	_____	_____	_____

EMPLOYMENT ELIGIBILITY:

If hired, can you prove you are at least 18 years old? _____

Are you lawfully prohibited from employment in this country because of Visa or immigration status? _____
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a felony within the last seven years? _____
(A "yes" answer does not necessarily disqualify you for the position.)

If "yes", please explain _____

REFERENCES:

Please give the name and phone number of three people not related to you and who you have known for at least one year.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, handicap or other protected status.

EMPLOYER _____ DUTIES _____ DATES EMPLOYED

SUPERVISOR_____ _____ From: _____To:_____

PHONE # _____ _____ REASON FOR LEAVING

POSITION_____ SALARY _____ _____

EMPLOYER _____ DUTIES _____ DATES EMPLOYED

SUPERVISOR_____ _____ From: _____To:_____

PHONE # _____ _____ REASON FOR LEAVING

POSITION_____ SALARY _____ _____

EMPLOYER _____ DUTIES _____ DATES EMPLOYED

SUPERVISOR_____ _____ From: _____To:_____

PHONE # _____ _____ REASON FOR LEAVING

POSITION_____ SALARY _____ _____

EMPLOYER _____ DUTIES _____ DATES EMPLOYED

SUPERVISOR_____ _____ From: _____To:_____

PHONE # _____ _____ REASON FOR LEAVING

POSITION_____ SALARY _____ _____

SPECIAL SKILLS, QUALIFICATIONS AND CERTIFICATIONS:

Summarize special job-related skills, qualifications and certifications acquired from employment or other experiences.

_____

_____

APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the answers given herein are true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment and/or discharge. I authorize the use of any information in the application to verify my statements and I authorize past employers or references, or any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I hereby understand and acknowledge that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Club and myself, for either employment or providing of any benefit. I further understand that any employment relationship with the Club is of an "At Will" nature, which means that the employee may resign at any time with or without cause and the Club may terminate the employee at any time with or without cause. I understand that, if employed, policies and rules which are issued are conditions of employment and that the employer may revise policies or procedures in whole or in part at any time."

Applicant's Signature _____ Date _____

APPLICANTS' NAME _____ DATE _____

1. Briefly describe your experience in customer service, including, but not limited to experience at a health club.

   _____

   _____

   _____

   _____

2. What are your strengths? _____
3. What are your weaknesses? _____
4. What are you looking for in a job?_____
5. Why do you think this job will be right for you? _____
6. How many hours per week do you want to work? _____
7. Are you willing to work extra hours if needed?_____
8. What hours are you available to work?

	NOW	**IN THE FUTURE** *(e.g., when school starts/ends)* Effective _____
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

Applicant's Signature _____

Applicant's Statement & Agreement

Work Rules. In the event of my employment with West Coast Athletic Clubs (WCAC) I agree to comply with all rules and regulations of WCAC.

Drug/Alcohol Test. I understand that WCAC reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to WCAC. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that WCAC's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

Bond. I understand that bonding may be a condition of employment. If it is, I will be so advised either before or after hire and a bond application will have to be completed.

Arbitration Agreement. I understand that as a condition of employment, I will be asked to sign an arbitration agreement. I understand that should I decline to sign an arbitration agreement, my application for employment may be rejected or my employment may be terminated.

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by WCAC (employer) at any time and for any reason whatsoever, with or without good cause at the option of either WCAC or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Executive Vice President of the Company. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and WCAC.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and agreements and understand the same.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

_____ _____

DATE Signature of Applicant